2140 3319	47184 5			te of Nel		's Mo	otor	Vel	hic	le <i>i</i>	Ac	cid	er	nt Re	port	,	Shee	et1	of _	2
1	Total Nu		Local No./ District 96 Case R4-107448										ı	HIT & RUN	_	NVESTIGATION MADE AT SCENE?				
A/1	of Vehi		<b>ј</b> м /	D D /						YES (In Mil	~ ~			XYES NO STATE USE ONLY						
02	OF ACCIDENT		3/2014  S M T W TH F S TIME OF ACCIDENT 1110																	
A/2	PLACE	COUNTY	, [	Lancaster Police Notified 1111																
В	OF ACCIDENT	CITY	Lincoln											PRIVATE	11/24/2014					
40	ROAD O		STREET/											ONE-WAY	VEO 110	LATITUDE	_ATITUDE			
с 1	ACCIDENT	FROM	FEET		HIGHWAY N				IWAY	STREET? NO.	LONGITUE	LONGITUDE								
<b>D</b>	MILEPO	MILEPOST MILEPOS  IF AT INTERSECTION								IF NOT AT INTERS				ECTION						
1		NAM							EET MILES N S E						T, BRIDGE	BRIDGE, RAILROAD CROSSING			3	
V1/M									3.00					X S 1						
01	MILES			IF. N S E	w AND		SIDE CI		ITS, IN		OF NE	EAREST		ROM NEAF	REST TOWN					-
V2/M	MILES CITY OR TOWN										/N									
E	R. WORK ZONE	R1	R2	R3 R4	S. PED	ESTRIAN SSIFICATIOI	S1 N 0.4	S2 2	S3	S4		S5-b		S6-b			NT INVOLVE DAMAG OF ROADS' PROPER			
2	CODES	CODES 1 CODES 01 2							1	1	01		1		○YE	○YES 🅉 NO				
F	DRIVER				101			VE	HICLI	E NO.	1				STATE	1	$\overline{}$		FEMALE	
1	LICENSE		NO. H13016164									PHONE			(Of License)	NE LOCAL N			MALE	
V1/N	ROBER		HIE	LEN									-659	9-3644		EGO/IE IV	J.			
2 V2/N	DRIVER ADDRI		Y ST	Г, ОМАН	A, NE		, STATE, 2	ZIP							DATE OF BIRTH (MM / DD / YYYY	09/10	)/19	88		V1/1
	OWNER PATRIC	K R S	FIT									PHONE 402	2-98 <sup>-</sup>	1-0645		DOB: 01-22-1985				15 V1/2
G 4	OWNER ADDR	ESS			//OLUTA		, STATE, 2	ZIP						CITATION	YES	CITATION		22 1	303	
<b>4</b>		2217 S MICHELLE ST, WICHITA, KS 67207  PENDING X NO  VEAR 2015 STATE 160													V1/3					
2	LICENSE PLATE	PA	NO.	257GZC	MAKE		MODEL			BODY	STYLI	E	(Pla	color	2015	STIMATED I	(Of P	′	KS	V1/4
V1/O	VEHICLE		2013 KIA SORENT							Medium/large u black				black		TOTALE				
1	VEHICLE ID NO. (VIN)	5X`	YKT4A27DG388741 INSURANCE STATE FARM INSURANCE														V1/5 - 15			
V2/O	TOWED TO		TOWED BY POLICY NO. 083 8184-F02-27A														V1/6			
ı						'		VE	HICLI	E NO.	2				STATE					25
1	DRIVER LICENSE		NO.													SEX FEMALE MALE				
V1/P <b>1</b>	DRIVER								PHONE						LOCAL N	LOCAL NO.				
V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP												DATE OF BIRTH (MM / DD / YYYY					
	OWNER	WNER							PHONE						LOCAL NO.				V2/2	
J	OWNER ADDR	ESS		ZIP						CITATION	YES	CITATION	CITATION NO.							
01	LICENSE														NG ONO		STA	TE		
V1/Q <b>4</b>	PLATE	YEAR	NO. MAKE MODEL						BODY STYLE					YEAR ate Expires)		STIMATED I	(Of P	late)		V2/4
V2/Q	VEHICLE	TEAR	, WODEL						BODT STILL							TOTALED \$				
K	VEHICLE ID NO. (VIN)													INSURANC						
01	TOWED TO					POLICY NO					D.					- V2/6				
		Comp	olete	this se	ction f	or all in	jured	l per	sons	<u> </u>					OF BIRTH	1 Seat	2	3 Body		5 SEX
VEH. #	(Complete a continuation report, if more than three were in									,				(MM /	Position	Eject	Region	Sev.		
0	FREDRICH T GRANT 911 S 11 ST #18, LINCOLN, NE 66 LOCAL NO.   MEDICAL FACILITY NAME									508 / rems service name				2/22/19	-	19 10 3 1 EMS RUN REPORT NO.			I M	
	NAME																		-	
VEH. #	NAME			ADDRESS																
	LOCAL NO.		MEDI	ICAL FACILITY N	NAME				EMS S	SERVICE	NAME					EMS RU	N REP	ORT NO.		
VEH. #	NAME					ADDRESS														
	LOCAL NO.		MEDI	MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RII	EMS RUN REPORT NO.				
	EMS KUN I									'										

